



Rhode Island Ethics Commission

2007 YEARLY FINANCIAL STATEMENT

JAMES E DOYLE II 8 MASSASOIT AVENUE PAWTUCKET RI 02861RHODE ISLAND ETHICS COMMISSION

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2007 THROUGH DECEMBER 31, 2007 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER <u>ALL QUESTIONS</u> AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee that is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2007 Year-

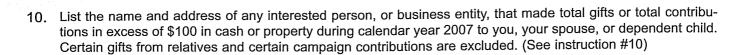
	ly Financial Statement in the mail but believe you did not hold a public position in 2007 or 2008 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).
1.	NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)
2.	BMQSSQSCIT AUR PAUT P.T. OJBLO! HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)
	MAILING ADDRESS (If different from home address)
3.	
	Senator Distisiet 8 Partucket (MUNICIPALITY, STATE OR REGIONAL)
	(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)
	I was elected on 11-04 I was appointed on I was hired on (date)
	If you no longer hold a public position, state date of termination or resignation
4.	List elected office(s) for which you were/are a candidate in either calendar year 2007 or 2008 (Read instruction #4) State Senator District B Daw T
5.	List the following: NAME OF SPOUSE Tackyw Doyle Tames E. Doyle Paige E. Doyle

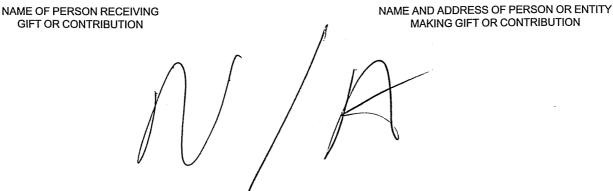
6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2007. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.) DATES AND NATURE NAME OF FAMILY NAME AND ADDRESS OF SERVICES RENDERED MEMBER EMPLOYED OF EMPLOYER OR OCCUPATION Dentsphy Int. 570 Sakes to Dentists
west college are Resigned Det 27,0007
40015 Pa. 17405
U.S. LABS 2 DUNTHUN DR. TO WURSING Homes ames E. Doyle IP BROCKTON MASS, TO WURSING Homes

DOYLR 12 eSP, 150 MAINST SOLD 12 eSP Service

PANT R.I. 02860 TO HOSPITALS - FEB 267 7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest. NAMES NATURE OF INTEREST

Town of E. Doyle IP Inv. Property ADDRESS OR DESCRIPTION 10 BOOTH AND 12860-[.S. Twag Family 8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.) NAME OF TRUST: NAME OF TRUSTEE AND ADDRESS: NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: 9. List the name and address of any business, profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position. NAME OF FAMILY MEMBER NAME AND ADDRESS OF BUSINESS POSITION Jomes E. Doyle IT Doyle Respiratory owner 150 mainst pawt P.T. 02801





11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

James E. Doyle IP 10000 ownership.

NAME AND ADDRESS OF BUSINESS Doyle RESP. 150 main ST-Pant 2: J. 00840

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2007 with a state or municipal agency, AND you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

Doyle Resp. Doyle 11--150 main ST. Druntveret R.I.

NAME OF AGENCY

Medicare medicario

Blue (ROSS-Unite)

Tother Private Dayers [Proce SS. Business]

Comes From Hosp. RELIATION SHIPS I'VE HAD FOR 13 KENIPS.

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, AND you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS 1) of La Resp. 150 main ST. F-S. Tung

NAME OF REGULATING AGENCY 17 EQULATED BY STATE + D.O.H. I Am NOT AMEMBER OR PART DF. 11

14.	If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2008 and before the date you file this statement AND if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:
	NAME AND ADDRESS OF BUSINESS DESCRIPTION OF INTEREST (NOT AMOUNT) AND DATE ACQUIRED AND/OR DIVESTED
	Money PRIOR
	NAME OF REGULATING AGENCY HOW REGULATED
w.	DAIL
15.	If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2008 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an
	employee or a member, or over which you exercise direct or legislative authority, list the following:
	NAME AND ADDRESS DESCRIPTION OF INTEREST NAME OF STATE OF BUSINESS DATE ACQUIRED AND/OR DIVESTED OR MUNICIPAL AGENCY (DO NOT INCLUDE AMOUNT)
16.	If you, your spouse or dependent child were indebted in an amount in excess of one thousand dollars (\$1,000) to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:
	NAME AND ADDRESS OF DEBTOR NAME AND ADDRESS OF LENDER
	A.B.U.F.C.U.
	5a4 centress Ave
	Paut, R.I. 628(e)
	Business Accounts
	I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2007 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.
	State of Rhode Island County of SIGNATURE SIGNATURE
	Subscribed and sworn to before me at Pawfuctive of this 2 day of June 2008.
	My Commission expires: 4/20/2010
	THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY
	QUESTION IS NOT ANSWERED.